

CITY OF BRYAN COMMUNITY DEVELOPMENT & REAL ESTATE SERVICES

BRYAN'S UNIFIED INFILL LOT DEVELOPMENT B.U.I.L.D. INITIATIVE

Registration Form

City of Bryan
Community Development & Real Estate Services
405 West 28th Street
Bryan, Texas 77803
(979) 209-5175

CITY OF BRYAN B.U.I.L.D. INITIATIVE REGISTRATION FORM

I. APPLICANT(S) INFORMATION (INDIVIDUAL, PARTNERS, OR BUSINESS)

Partnership/Sole Proprietorship/Individual Name(s): Business Address: Primary Mailing Address: _____ (State) (Zip Code) (City) Primary Phone: (____) Federal Income Tax Business I.D. #: Owner:_____ Driver's License #: _____ State: ____ Social Security #: Are you current on all property taxes? \square Yes \square No Partner:_____ Driver's License #: State: Social Security #(s): Are you current on all property taxes? \square Yes \square No

	<u>Co</u>	<u>Corporation</u>					
		Name:					
		Business Address:					
		Primary Mailing	Mailing Address:				
		(City)	(State)	(Zip Code)			
		Primary Phone:	Primary Phone: ()				
		Federal Income					
		Charter #:					
		Is the corporation current on all property taxes? \square Yes \square No					
II.		PROOF OF CAPACITY (COMPLETE AT LEAST ONE CATEGORY) A. Certified Public Accountant Statement of Financial Position					
		Name of Accountant or Firm:					
		Mailing Address:					
		(City)	(State)	(Zip Code)			
	B.	B. List a financial or banking reference					
		Name of Institut	ion:				
		Mailing Address:					
		(City)	(State)	(Zip Code)			

ATTACH ACCOUNTANING AND BANK DOCUMENTS TO APPLICATION AS WELL

AS ADDITIONAL BANK REFERENCES IF NECESARY

V. REFERENCES

VI.

List a local supplier surrounding cour	· ·	present credit dealings (in Brazos and
Name of Firm:		
Contact Person:		
Mailing Address:		
(City)	(State)	(Zip Code)
Is there any outstand	ing litigation, judgments, or cl	laims pending against the contractor or
firm? □ Yes □ N	o If yes, describe:	
CONTRACTOR AC	CKNOWLEDGMENT	
best of my knowledge stated and fully under capacity for the contr contractor in its dealin	I further certify that I have reastand and agree to abide by the actor, I acknowledge that I angs with any contract awarded	this application is true and correct to the ad the conditions and requirements herein a same. Acting in addition to my official in personally liable for the actions of the by the City of Bryan. Attached (if this is a list authorized to act on behalf of the
r	Authorized Signature:	
	_	(Print)
	Authorized Signature:	
	_	(Print)
		(Date)